# IN THE UNITED STATES PATENT AND TRAVEMARK BFFICE

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Confirmation No.

2276

Application No. : 10/765,413

Applicant

: Steven J. Blad et al. : January 26, 2004

Filed Title

: Automatic Card Shuffler

TC/A.U.

: 3711

Examiner

: Dolores R. Collins Docket No. : 88168.000020

Customer No. : 29747

Mail Stop AMENDMENT Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

### **AMENDMENT**

#### Commissioner:

In response to the Office action dated May 5, 2005, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

**2**001/013

AUG 0 1 2005

### GREENBERG TRAURIG

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### **FACSIMILE TRANSMISSION COVER SHEET**

FAX NO.:

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FROM

Rob L. Phillips (Registration No. 40,305)

DATE

August 1, 2005

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Enclosed are:

1. (1 page)

Amendment Cover

2. (1 page)

Amendment Cover (copy)

(11 pages)

Amendment

Thereby certify that this correspondence is being facsonile transmitted to the Patent and Trademark Office fax number 571-273-8300 on August 1, 2005

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademerk Office fax number 571-273-8300 on August 1, 2005.

Barbara J. Enlow

Application No.

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Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT COVER SHEET

#### Commissioner:

Enclosed is an amendment in response to the Office action dated May 5, 2005.

Calculation of Fees						
			Highest No.	Claims in Excess	Claim Fees	Fee Due
	Number of claims after amendment	25	25	00	* ×25.00	
	Independent claims after amondment	5	5	0	* x100.00	
	Carrest Carres				Total Fees	0

Respectfully submitted.

Greenberg Traurig 3773 Howard Hughes Pkwy. Suite 500 North Las Vegas, Nevada 89109

Telephone: 702-792-3773 Facsimile: 702-792-9002 Rob L. Phillips Registration No. 40,305

Date: August 1, 2005

The Commissioner is heroby authorized to charge any deficiency or credit any overpayment of tees which may be required by this paper to Deposit Account No. 502466 including any fee for extension of time, or the fee for additional claims which may be required. Please show our docket number with any Deposit Account transaction. A copy of this letter is enclosed.

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